

**Court of Common Pleas  
Juvenile Division  
Lucas County, Ohio**

Court Appointed Special Advocate Department



Judge Denise Navarre Cubbon, Administrative Judge  
Judge Connie Zimmelman

July 13, 2009

Dear Applicant:

Thank you for your interest in the Lucas County Juvenile Court - Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) Program. This important volunteer position requires dedicated, responsible people who want to become child advocates. You may want to visit the Lucas County CASA website at [www.casakids.net](http://www.casakids.net) for your opportunity to view the seven-minute video, "CASA the Movie" and learn much more about being a CASA volunteer. We encourage you to apply now as the application process takes time and you will want to complete your required court observations prior to the first day of training. Enclosed with this letter you will find an application that must be printed, filled out and returned to the CASA Office at the address below OR faxed to us at 419-213-6785.

Our next CASA/GAL Training Class will be offered in **September, 2009**. However, you will begin your pre-training by observing the required court proceedings once you have been interviewed and accepted into the Fall class. Please be sure you can attend ALL the training class dates below; 100% attendance is required. The dates are as follows:


Wednesday	9/09/09	12:00 noon - 1:15 pm <b>OR</b> 5:30 pm - 6:45 pm
Friday	9/11/09	8:30 am - 4:30 pm
Saturday	9/12/09	8:30 am - 4:30 pm
Wednesday	9/16/09	5:30 pm - 8:30 pm
Wednesday	9/23/09	5:30 pm - 8:30 pm
Wednesday	9/30/09	5:30 pm - 8:30 pm
Friday	10/02/09	8:30 am - 4:30 pm
Saturday	10/03/09	8:30 am - 4:30 pm
<b>Swearing-In:</b>	10/08/09	11:00 am - 2:00 pm
<b>Final Session:</b>	1/22/10	9:00 am - 1:30 pm

Once we receive your application, we will immediately begin processing it. If an interview is scheduled, bring **your driver's license and proof of automobile insurance** with you to the interview. Court observations will begin after your interview has been completed.

Please call us if you have any questions or concerns 419-213-6753. Again, thank you most sincerely for your interest in serving our community's abused and neglected children and the Lucas County Juvenile Court.

Sincerely,

  
Judith Leb, J.D.  
Training Coordinator

  
Carol Martin  
Director, CASA/CRB Programs

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**Lucas County Juvenile Court**  
Court Appointed Special Advocate Department  
Honorable Denise Navarre Cubbon, Administrative Judge  
Carol Martin, CASA/GAL Director

**FAX all pages to 419-213-6785 or mail to:**  
**Lucas County Juvenile Court CASA/GAL Office**  
1801 Spielbusch Ave.  
Toledo, Ohio 43604  
Attn: Judy Leb, Recruitment/Training Coord.

**For Office Use Only:**

Date Rec'd \_\_\_\_\_ LCCS Check \_\_\_\_\_  
Date Refs Sent \_\_\_\_\_ Postcard Sent \_\_\_\_\_  
Date in Log \_\_\_\_\_ Refs Rec'd **1** **2** **3**  
Police Check \_\_\_\_\_ Interview Date \_\_\_\_\_

## **Section I – CASA/GAL APPLICATION**

**PLEASE PRINT OR TYPE**

Today's Date \_\_\_\_\_

Formal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(Last) (First) (Middle) (Prefer to be called)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Latino \_\_\_\_\_ Native American \_\_\_\_\_ Bi-Racial

Home

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Prior Addresses for Last 5 Years & Dates at Each Address:

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Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail (Home) \_\_\_\_\_ E-Mail (Work) \_\_\_\_\_ I don't have E-Mail \_\_\_\_\_

May We Call You at Work? \_\_\_\_\_ May We E-Mail You at Work? \_\_\_\_\_  
(Yes) (No) (Yes) (No)

Current Employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not Employed \_\_\_\_\_ Retired \_\_\_\_\_ Student

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

How Long Have You Held This Job? \_\_\_\_\_ Supervisor \_\_\_\_\_

Brief Description of Your Work: \_\_\_\_\_

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**Continue to page 2** 



Education Completed: \_\_\_ High School \_\_\_ Some College \_\_\_ 2 Yr. Degree \_\_\_ 4 Yr. Degree \_\_\_ Post Grad  
*Education (Include All Post-Secondary Education, Including Major & Minor Fields of Study)* \_\_\_\_\_

Emergency Contact: \* Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*\*(Please select someone who does not live with you)*

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

List Your Volunteer or Professional Experience with Youth and/or the Courts: \_\_\_\_\_

Do You Currently Volunteer in Any Capacity? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Indicate Position, Agency, & Days/Hours Week \_\_\_\_\_

Have you applied to or volunteered for another CASA/GAL program in Ohio, another state or a U.S. territory? \_\_\_\_\_  
Yes No

If "Yes," which programs (provide all) \_\_\_\_\_

What strengths or skills would you bring to the CASA Program?

Do You Have a Prior History with any Child Protective Services Agency? \_\_\_\_\_ \*Yes \_\_\_\_\_ No

\*If Yes, name County and State and explain circumstances: \_\_\_\_\_

Have You Ever Been Charged **or** Convicted in a Court of Law? \_\_\_\_\_ \*Yes \_\_\_\_\_ No

\*List Offenses and Dates of Each Offense \_\_\_\_\_

Do you agree to report any future arrest to the CASA/GAL program director within 24 hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do You Hold a Valid Ohio Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do You Carry Car Insurance in Accordance with Ohio Law? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company Name: \_\_\_\_\_

Liability Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No Property Damage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any Health Problems or Disabilities? \_\_\_\_\_

Have you ever received or been recommended by a professional for treatment or counseling for drugs or alcohol? \_\_\_\_\_

Have you ever received or been recommended by a professional for treatment or counseling for mental health,  
psychological or psychiatric problems? \_\_\_\_\_

How Did You Learn About CASA? \_\_\_\_\_ Church \_\_\_\_\_ Bench Billboard \_\_\_\_\_ Friend \_\_\_\_\_ \*Newspaper \_\_\_\_\_ \*Radio  
\_\_\_\_\_ \*T.V. \_\_\_\_\_ \*Magazine \_\_\_\_\_ Other. \* Please list name of newspaper, radio station, T.V. station, magazine or other  
source. \_\_\_\_\_

Why Do You Wish to Be a CASA Volunteer? \_\_\_\_\_



## Section II - Reference Information Sheet

### Attorney Applicants – Complete this box ONLY

Name: \_\_\_\_\_ DATE \_\_\_\_\_

Ohio Supreme Court Registration Number \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ WORK FAX: \_\_\_\_\_ CELL \_\_\_\_\_

CASA Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Yes, you may send for my references before the LCCS and background checks are received.
- ☐ No, please wait for LCCS and background checks to be returned before sending out my references.

***Please do NOT include family members as references***

**REFERENCE #1** Name: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

E-mail: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_ For How Long? \_\_\_\_\_

**REFERENCE #2** Name: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

E-mail: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_ For How Long? \_\_\_\_\_

**REFERENCE #3** Name: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

E-mail: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_ For How Long? \_\_\_\_\_

Continue to page 4 and sign **Release Form** 

## LUCAS COUNTY CASA/GAL RELEASE OF INFORMATION



I hereby give my informed consent to the Lucas County Juvenile Court (LCJC) Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) Department to complete a thorough investigation of my character and fitness to be a CASA/GAL Volunteer. I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided, which may include my past and present employers. I further authorize FBI, state, and/or local police record checks, Bureau of Criminal Investigation checks, Sexual Offender Registry checks, mental health inquiries and child protective services agencies history checks. I understand that information requested in this application and other information that may otherwise be obtained will be used only for the purpose of deciding my fitness and suitability to serve as a CASA/GAL Volunteer and may be shared with other CASA programs, if appropriate. I further understand that additional background checks may be made on me in the future to remain a CASA/GAL Volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA/GAL Volunteer.

This release is good until revoked by me, in writing, at any time before it has been acted upon.

Criteria used in the selection of CASA/GAL volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA/GAL volunteer. No individual will be rejected because of race, color, religious creed, sexual orientation, national origin, sex, handicap, age (if at least 21) or marital status.

I understand that LCJC CASA/GAL Department reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past five (5) years and/or who have a history with a child protective service agency may not be accepted as a CASA/GAL Volunteer. An individual who has been adjudicated to have abused or neglected a child including, but not limited to, any sexual offense, abuse, child endangerment, neglect or who has been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA/GAL Volunteer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

*This application should be printed, filled out, and faxed (419-213-6785) OR sent to us by ordinary US mail (CASA/CRB Dept., Lucas County Juvenile Justice Center, 1801 Spielbusch Ave., Toledo OH 43604).*